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APPLICANTS

Steven L. Rhodes, Jacksonville, FL;

** CONTINUING DATA *****

This application is a DIV of 10/210,670 07/31/2002 PAT 6,704,957 *gh*

** FOREIGN APPLICATIONS *****

None gh

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>gh</i>	INITIALS <i>gh</i>		
Verified and Acknowledged				

ADDRESS

Thomas C. Saitta
 Rogers Towers, P.A.
 Suite 1500
 1301 Riverplace Blvd.
 Jacksonville, FL
 32207

TITLE

MEDICAL IMAGING USING PATIENT SUPPORT PADS

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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